

**ORIGINAL**

**CV17-7528**

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

MAUSKOPF, J.

MANN, M.J.

Tamar Powell

Plaintiff,

[Insert full name of plaintiff/prisoner]

**CIVIL RIGHTS COMPLAINT**

42 U.S.C. § 1983

JURY DEMAND

YES ☒ NO ☐

-against-

Bronx Lebanon  
Hospital

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

**FILED**  
IN CLERK'S OFFICE  
US DISTRICT COURT E.D.N.Y.

★ DEC 26 2017 ★

**BROOKLYN OFFICE**

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff

Tamar Powell

If you are incarcerated, provide the name of the facility and address:

Brooklyn Detention Center  
275 Atlantic Ave  
Brooklyn NY 11201

Prisoner ID Number: NYSID: 5685386J

If you are not incarcerated, provide your current address:

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Telephone Number: 

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**B. List all defendants.** You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Full Name

BRONX LEBANON Hospital

Job Title

Hospital

Address

1650 GRAND CONCOURSE,  
BRONX, NY 10457

Defendant No. 2

Full Name

Job Title

Address

Defendant No. 3

Full Name

Job Title

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

**II. Statement of Claim:**

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? BRONX LEBANON  
Hospital

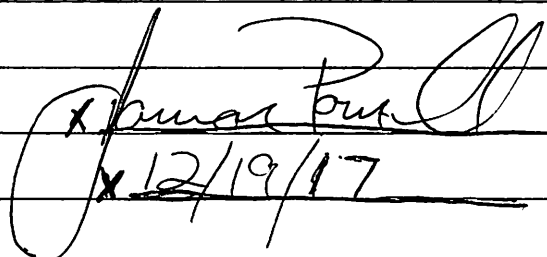
When did the events happen? (include approximate time and date) NOVEMBER  
18-27, 2015

Facts: (what happened?) November 18, 2015. While a Patient in the care of the Medical Staff and security at Bronx Lebanon Hospital. My 14<sup>th</sup> amendment right was violated, and I was raped while in the protection of the hospital because of an alleged rumor about me being a child molester. Checked in because of what I thought was a reaction to a certain drug, when I got to the hospital from the ambulance, and they gave me two shots to put me out. Knowing that something was wrong I still thought they were trying to help me. Awakening in the psych ward I went directly to the bathroom and it was there I realized I had some rectal swelling, and it was painful to

**II.A. Injuries.** If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Rape, medical ointment was given for the healing process.

use the bathroom. Letting the doctors know that I believe I was sexually assaulted, they recommended that I stay in the hospital for my safety. With no choice because I was in the psych ward, they involuntarily checked me in. Having the doctors in the psych ward look at and even treat the wound because there was scar tissue missing he gave me some ointment and said they have to investigate. Embarrassed and ashamed I let the topic go, also calling 911 didn't help because they would only tell me to let a nurse know because of the situation I was in. Making attempts to do so I was shot down by one of the nurses who said well you have sex with men don't you. Ashamed once again I let the situation go and continued to let people harass me and call me child molester, until now. Thank you very for your time and I would look forward to hearing from you.

  
12/19/17

III. Relief: State what relief you are seeking if you prevail on your complaint.

200,000,000  
Two hundred million dollars

I declare under penalty of perjury that on 12/19/17, I delivered this  
complaint to prison authorities at AMKC (C-95) to be mailed to the United  
(name of prison)  
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 12/19/17

[Signature]  
Signature of Plaintiff

Anna M. Gross Center (C-95)  
Name of Prison Facility or Address if not incarcerated

18-18 HAZEN STREET  
EAST ELMHURST, NY 11370

Address

NYSID: 5685386J  
Prisoner ID#